

MINUTES OF  
**HEALTH STRATEGIES COUNCIL**  
Department of Community Health, Division of Health Planning  
2 Peachtree Street, Suite 34.262  
Atlanta, Georgia 30303-3159  
Friday, August 23, 2002  
11:00 am – 1:00 pm ■ Conference Rooms 3A&B, 7<sup>th</sup> Floor

**Daniel W. Rahn, M.D., Chair, Presiding**

**MEMBERS PRESENT**

William G. "Buck" Baker, Jr., MD  
Honorable Glenda M. Battle, RN, BSN  
Harve R. Bauguess  
David Bedell, DVM  
Edward J. Bonn  
Elizabeth P. Brock  
W. Clay Campbell  
Tary Brown  
Nelson B. Conger, DMD  
Katie B. Foster  
Charlene M. Hanson, Ed.D., FNP  
Reverend Ike E. Mack  
Felix Maher, DMD  
Julia L. Mikell, MD  
James G. Peak  
Raymer Martin Sale, Jr.  
Honorable Evelyn Turner Pugh  
Toby D. Sidman  
Catherine Slade  
Oscar S. Spivey, MD  
Tracy M. Strickland  
Kurt M. Stuenkel, FACHE  
Katherine L. Wetherbee  
David M. Williams, MD

**GUESTS PRESENT**

Jeff Baxter, Nelson Mullins  
Armando Bassaratte, Parker Hudson  
Charlotte W. Bedell, Tift County Commissioner  
Taffey Bisbee, Gill Balsano Consulting  
Joy Davis, Phoebe Putney  
Nelda Greene, Georgia Dental Association  
Carol Fullerton, Chair, Board of Community Health  
Katy Jablon, Sullivan Consulting  
Ed Lovern, Piedmont Medical Center  
Kevin Rowley, St. Francis Hospital, Columbus  
Helen Sloat, Nelson Mullins  
Vanessa Storch, Gill Balsano Consulting  
Bill Richardson, Tift Regional Medical Center  
Russ Toal, President, Georgia Cancer Coalition

**MEMBERS ABSENT**

Anthony J. Braswell  
Sonia Kuniansky

**STAFF PRESENT**

Valerie Hepburn  
Ben Robinson  
Clyde L. Reese, III, Esq.  
Jamillah McDaniel

## WELCOME AND CALL TO ORDER

The Health Strategies Council meeting commenced at 1:10 pm. The Chair welcomed members and guests. A motion to accept the minutes of the May 31<sup>st</sup> meeting was made by “Buck” Baker, seconded by David Tatum. Dr. Rahn welcomed Carol Fullerton, Chair, Board of Community Health to the meeting.

## CHAIRMAN'S REPORT

Dr. Rahn provided the committee with a few updates noting that the university system is fiscally sound and is experiencing increasing enrollment. In addition, a new Chancellor has been named. He said that among the trends that the state is experiencing is an increasing rate of oral cancer. A new task force has been named to examine the need for comprehensive dental health services around the state and to serve in an advisory capacity to the Medical College of Georgia. Drs. Maher and Conger are intricately involved in this dental planning initiative.

## REPORT FROM THE GEORGIA CANCER COALITION

Dr. Rahn recognized Russ Toal and highlighted the great leadership that he has shown in building support for and advancing the work of the Georgia Cancer Coalition (GCC). He asked Mr. Toal to bring the committee up to date on GCC's work.

Mr. Toal said that among Governor Barnes' vision for the state is to make Georgia a national leader in cancer prevention, treatment and research. This will be accomplished through GCC's focus on reducing morbidity and mortality rates, increasing cancer-preventing behaviors, providing statewide access to cancer education, detection, treatment and trials and developing state-of-the-art cancer research and treatment programs.

Mr. Toal provided an overview of cancer facts and trends in the State of Georgia. He talked about the devastating impact that cancer is having on Georgians, including escalating medical costs, loss of productivity and the high cancer incidence and mortality rates. The GCC has embarked on several media campaigns aimed at preventing tobacco use and raising cancer awareness. They support statewide community programs including providing grants for mammographies and breast and cervical cancer screening programs in Georgia's local health departments. To date, the GCC has provided 24 grants to eligible rural communities; mammography grants for service to 52 rural communities without such services, and tobacco/anti-smoking grants. Eight (8) regional planning grants have been awarded and a Cancer Center of Excellence has opened at Grady Hospital. This Center of Excellence has both treatment and research responsibilities. At least two other Cancer Centers of Excellence are planned. These centers will focus on research infrastructure development and enhancing instate treatment opportunities.

The GCC has established a number of key goals including recruiting 150 distinguished scholars, clinicians and scientists, developing tissue banks, upgrading state cancer registry capabilities, developing bioinformatics capacity, making clinical trials available statewide, and securing NCI designation. NCI designation will allow the state access to new drugs and will enhance the state's ability to secure external funding opportunities. Mr. Toal said that GCC is focused on building a system of cancer care that incorporates the basic principles of public health, namely epidemiology, prevention, detection, intervention, with science as the core foundation. The end result of GCC's work will be reduction in the number of cancer deaths in Georgia.

Dr. Spivey asked about GCC's initiatives that focus on pediatric cancers. He expressed concern about children getting lost in the process. Mr. Toal said that the needs of children are being considered in all GCC's initiatives. He noted that several of the scholars that are involved in GCC's initiatives have training in pediatric disciplines. Katie Foster asked about GCC's marketing efforts to get the information about its work known in local, grass roots organizations and communities. Mr. Toal said that he has been making presentations to a wide cross-section of organizations and communities around Georgia. He welcomed feedback about where additional efforts could be targeted. Buck Baker inquired about how uninsured patients would be handled during participation in any of the GCC's sponsored programs. Mr. Toal noted that GCC has applied for a Medicaid Waiver to respond to this pressing issue. Ms. Turner-Pugh inquired about any existing legislation that would prohibit employers from conducting annual screenings. There was general consensus from the Council that no such legislation existed. Chuckie Hanson inquired about the ability of many of the designated Cancer Centers of Excellence to recruit the appropriate number and types of clinical professionals, given the workforce shortage that the nation and the state are experiencing. Mr. Toal said that the GCC is open to examining other care models and acknowledged that the ability to secure highly qualified nursing, ancillary and other clinical staff is critical. Ms. Sidman asked about GCC's plan to integrate consumer interests into the planning process for services. She offered the Georgia Breast Cancer Coalition as a resource to GCC. Mr. Toal said that consumer interests are an integral part of GCC's efforts and welcomed input from all community groups.

Mr. Toal thanked the Council for the opportunity to provide an update of GCC's work. He said that GCC would be happy to entertain any policy recommendations from members of the Health Strategies Council.

## **EMERGING ISSUES IN CARDIOVASCULAR SERVICES**

Dr. Rahn said that the Division received an Alternative Healthcare Model (AHM) application from Archbold Medical Center, Hamilton Medical Center, West Georgia Medical Center and Tift Regional Medical Center requesting that the Division allow a select number of rural hospitals permission to perform both primary and elective percutaneous coronary interventions (PCI) without having onsite cardiac surgery backup. He, the applicants, Division staff, and Vice Chair Elizabeth Brock discussed this issue at length. The outcome of the meeting was the general consensus that this matter should be remanded to the Cardiovascular Services Technical Advisory Committee (TAC) for consideration. He reiterated that the TAC had agreed to reconvene in the future to evaluate changes in the delivery of cardiovascular services and to ensure that the state's policies are responsive to new developments. Given recent research findings (C-PORT study) and the expressed interest from providers, it seems like an appropriate time to reexamine the Specialized Cardiovascular Services guidelines that were developed during 2001. The TAC will be specifically examining whether the Cardiovascular Services plan and rules should allow certain providers to offer primary and/or elective PCI without onsite surgical backup.

Mr. Stuenkel inquired about the mechanism of an AHM to allow this service option. He said that the AHM process is one that is triggered by the Health Strategies Council to call for applications to address certain issues when the existing CON process is inadequate. Ms. Hepburn noted that neither the Department nor the Health Strategies Council called for AHM applications. She said that previous AHM applications resulted in some projects that were never completed. Additionally, the Department has provided no followup of these approved applications. She said that where service-specific rules exist, the Department encourages applicants to utilize that venue to apply for service changes and not utilize the AHM as a mechanism to circumvent existing rules.

A motion to reconvene the TAC to address whether the state should allow the performance of primary and elective PCI in hospitals without surgical backup and to examine emerging technology and any impact on the current system was made by Ed Bonn, seconded by Felix Maher. Ms. Hepburn said that Division staff would work with Elizabeth Brock, TAC Chair to reconvene the TAC. It is hoped that this committee will have 2-3 meetings and will provide some consensus recommendations to the Health Strategies Council at their November meeting.

## **DEPARTMENT UPDATE**

Clyde Reese provided a brief overview of the Department's budget and outlined the decrease in state revenues. The Department has been directed to cut FY 2003 projected expenditures and to make some additional concessions. No personnel layoffs are anticipated. He also discussed the Department's contract with ACS to provide claims processing and administration services. The Medicaid and PeachCare for Kids programs are scheduled for implementation in April 2003. State Health Benefits Claims processing is planned as Phase II. The projected implementation date will likely occur later than anticipated. Mr. Reese said that Georgia is a leader in this area and every effort is being made to ensure that this system will be exemplary.

Mr. Reese noted that there has been some reorganization within the Department. The reorganized structure will be more in line with corporate structure and will include such positions as Chief Operating Officer, Chief Information Officer and Chief Financial Officer. An Office of Community Affairs has also been established. James Couch has been named Chief, Health Improvement Programs. He will oversee such areas as Office of Rural Health, Office of Women's Health, Office of Men's Health and the Office of Minority Health. Mr. Reese mentioned that the Office of Rural Health has recently awarded \$5 million to rural hospitals for infrastructure improvements. The Office of General Counsel (OGC) will handle such areas as CON Review, Medicaid Fraud and Abuse, Legislative Affairs and HIPPA issues. He said that the Department has statutory authority to assess monetary penalties for hospitals not meeting their indigent and charity care commitments. The penalty amount is the difference between what the hospital has paid and what they should have paid. The revenue generated from this penalty is placed in the Indigent Care Trust Fund. Indigent and Charity Care performance is analyzed using hospitals' financial surveys. At present, only hospitals are assessed fines for non-compliance with commitments. Single Specialty Ambulatory Surgery Centers are not assessed because they received Letters of Non-Reviewability (LNR); this means that the facility and services do not trigger the state's CON capital or equipment threshold.

Mr. Stuenkel asked about the definition of charity care and how providers are defining this term. Ms. Hepburn said that the Division looks to the Healthcare Financial Management Association for guidance on this reporting. She further noted that last year the Division provided training to all hospitals around financial reporting issues. The training was well received. The Division plans to provide this training again this Fall.

Mr. Reese said that a Legislature committee was convened to look at the future of healthcare in Georgia. Thusfar, two meetings have been held. The issue of CON was explored but no specific recommendations have been made to date. He further mentioned that Pamela Stephenson, former director of the Division of Health Planning, is a candidate for House District #60. She has no Republican opposition heading into the November election and is expected to win the seat in the Georgia Legislature.

## **DIVISION AND NEW RULES UPDATE & REVIEW OF DRAFT ANNUAL REPORT**

Ms. Hepburn mentioned that draft copies of the Health Strategies Council Annual Report were mailed out to all members. Any feedback should be submitted by close of business today since this document will be printed shortly. She said that the Division held a public hearing to listen to comments on proposed rule changes for Ambulatory Surgery Services (ASS), Perinatal Services (PS), and Psychiatric and Substance Abuse Inpatient Programs (PSAIP). Two organizations provided oral comments and three organizations provided written comments for ASS rules; while one organization provided oral and written comments for PS. No oral or written comments were received for PSAIP. The rules were adopted by the Board of Community Health at their last meeting. Ms. Hepburn said that the Division has been involved in some exciting collaborative events. The Division is working with the Department of Human Resources on a Childhood Obesity project and assisted the Office of Rural Health Services with the review of grant applications. These proposals resulted in rural hospitals receiving grants in excess of \$83,000.

## **REPORT FROM THE HEALTH CARE WORKFORCE POLICY ADVISORY COMMITTEE**

Chuckie Hanson provided the following update to HSC members:

- The Committee began working in July 2001 to monitor the condition of the non-physician health care workforce.
- The Committee is charged with conducting an annual review of the state of Georgia's health care workforce, looking at nursing, allied health and behavioral health professions, coupled with a research project covering a topic of importance
- August 2002, releases its first annual assessment of the state of the workforce and research findings

Release of annual report and research findings:

- 3 components of the report:
  - o Environmental scan of the workforce and description of work completed by the Committee to bolster the workforce
  - o Review and analysis of the impacts of the post secondary education systems on the workforce and assessment of best practice methodologies
  - o Assessment of trends, quantity and environmental factors impacting specific health care professions: Dentistry, Nursing (both RN and LPN), Occupational Therapy, Pharmacy, Physical Therapy, Social Work and Speech-Language Pathology and Audiology
- Report will be presented to the Board of the Dept. of Community Health next Wednesday

Specific Highlights from the report:

- Overall findings of the report
  - o Condition of the workforce continues to be of concern
  - o Some important progress can be seen that is preliminary that, if sustained, will head Georgia in the right direction
  - o However, change is only beginning and is still fragile – aggressive and concerted efforts are still required
- Important highlights of achievements:
  - o Passage of HB 652 – the Health Care Workforce Planning Act
  - o Forums on Workplace Excellence conducted
  - o Health careers website up and running – ([www.gahealthcareers.org](http://www.gahealthcareers.org))
  - o Addition of Health Sciences component to this year's Governor's Honors Program

- Increased student financing – at over \$3 million for FY 2003
- Rapid expansion of existing post secondary health care education capacity through the ICAPP program – brought \$4.5 million in public/private funds to support expansion of existing education programs – 13 program impacted resulting in 500 additional nurses – other professions impacted as well.

#### Next Steps

- Research Cycle begins again in September
- Continue to initiate efforts and bolster action to improve the conditions, quality and quantity of the workforce.

### **UPDATE ON SHORT STAY GENERAL HOSPITAL TECHNICAL ADVISORY COMMITTEE**

Jim Peak in his report to Health Strategies Council said that a Certificate of Need is required to build a new hospital or to expand or replace an existing hospital. He said that because the current state hospital plan and rules are outdated, significant revisions are needed to better reflect current health care practices and the future needs of consumers and purchasers.

He said that the TAC has recently issued the first draft preliminary guidelines for TAC member review. Some of the core components include: Bed Size requirements for urban and rural hospitals, 100 and 50 beds respectively; Exception to Need language which is limited to trauma hospitals, teaching hospitals, and hospitals that are receiving significant funding from local county government/s. The numerical need methodology provides weighted considerations for differing age groups and accounts for non-resident utilization, where appropriate. Utilization targets will be calculated based on total authorized bed capacity (CON) and not set-up-and-staffed bed capacity. Standard guidelines that address adverse impact, quality, financial accessibility, and continuity of care are also integral parts of the draft hospital guidelines.

TAC members have been asked to send comments to Division staff for incorporation into the draft rules. Also, a public forum has been scheduled at Dodge County Hospital in Eastman, Georgia. This opportunity is planned to allow the public to provide input into the planning process. This public forum is in addition to public comment opportunities that are provided at each TAC meeting and the public hearing afforded through the rule making process.

### **STANDING COMMITTEE APPOINTMENTS AND SUGGESTED TIMETABLE FOR PLAN REVIEWS**

Ms. Hepburn said that Division staff contacted all HSC members to invite them to serve on a Standing Committee. Each member selected the committee of his/her choice. A list, which provided the charge of the committee and the committee members, was distributed to all HSC members. The next step in the process is to convene a meeting of each committee (Acute Care, Long Term Care and Special and Other Services) between now and February 2003 to determine whether there are pressing issues in any of these areas that would require Council action.

### **NEXT HEALTH STRATEGIES COUNCIL MEETING**

The next meeting of the Health Strategies Council is scheduled for Friday, November 22, 2002 at Monroe County Hospital, Forsyth, Georgia. Additional information will be sent to members.

## **ADJOURNMENT**

There being no further business, the meeting adjourned at 1:45 p.m.

Minutes taken on behalf of Chair by Stephanie Taylor and Valerie Hepburn.

Respectfully Submitted

Daniel W. Rahn, MD, Chair